LOS ALAMOS NATIONAL LABORATORY - HOUSING OFFICE HOUSING REQUEST

Address: LANL, Housing Office, P.O. Box 1663, MS-P247, Los Alamos, NM 87545 Phone: (505) 667-1726, Fax: (505) 665-5419

SS#	Z#	MaleFemale	
Name: (last)	(first)		
Home Address: (street)			
(city)		_ (state)	(zip code)
(home phon	e)	_	
Business Address: (not LANL)			
(business p	hone)	_	_
LANL Group: Mail Sto	p: Supervis	sor:	
(LANL phon	e) E	mail address:	
Program: (check one)			
GRAAWUC	onsultantContra	actorCo	ollaborator
	ostDocIntern/		
SARAAMOPN	ew Hire (Regular)Other	(please specify)	
HOUSING REQUIREMENTS: NO SMOKING, NO PETS, NO CO- MONTHLY RENT: \$500.00 (DUE AN collected at time of check-in. This can be	-ED (NON MARRIED) ASSI ND PAYABLE ON THE FIRST DAY waived if applicant pays rent th	OF EACH MONTH) - F	on
DEPOSIT REQUIRED (MUST ACCOM CLEANING FEE - \$50.00 MAY BE REFUND List any near relatives living withi	DED UPON CHECK-OUT)	•	
(Anyone who lives or has near relatives w	vithin 60 miles of Los Alamos is n	ot eligible for LANL Ho	ousing)
*********		********	********
ASSIGNMENT INFORMATIO	N:		
ARRIVAL DATE:	DEPARTURE DA	ATE:	
# OF ADULTS:	# OF CHILDREN:	AGES:	
(Availa SPECIAL REQUIREMENTS:	able apartments are kitchenett		•
*********	*******	******	********
NOTE: The number of students seeking h require double occupancy of LANL apartr address, and telephone numbers) will be diresult in monetary penalties and/or loss of the same results.	ments during this time. Unless the isclosed to roommate upon reques	e Housing Office is noti st. Once an assignment	fied in writing, personal data (name, is made, changes in arrival date may
	ompanied by proof of LANL af requested information - inco		
APPLICANT'S SIGNATURE:			DATE:
Date Received in Housing Office:	D	Date Deposit Rec'd	: